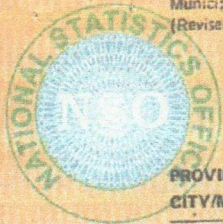


(To be accomplished in triplicate)

Municipal Form No. 102
(Revised 1983)REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewriter)


 PROVINCE Metro Manila LOCAL CIVIL REGISTRY NO. 7250 (f 92)
 CITY/MUNICIPALITY Pasig

1. NAME (First) <u>PRECIOUS</u> (Middle) <u>C.</u> (Last) <u>DOMINGO</u>	
2. SEX (Place 'X' on appropriate answer) <u>1</u> Male <u>X</u> 2 Female	3. DATE OF BIRTH (Day) <u>26</u> (Month) <u>June</u> (Year) <u>1992</u>
4. PLACE OF BIRTH (Name of Hospital/Institution if not in hospital, give street/barangay) <u>626 Languzon St. T. Bayan Manggahan, Pasig, M.M.</u>	(City/Municipality) (Province)
5a. TYPE OF BIRTH (Place 'X' on appropriate answer) <u>1</u> Single <u>2</u> Twin <u>3</u> Three or more	b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Third, 4th, etc.
6. MAIDEN NAME (First) <u>Jennifer</u> (Middle) <u>C.</u> (Last) <u>Compendio</u>	7. NATIONALITY <u>Phil.</u>
9. NAME (First) <u>Rolando</u> (Middle) <u>R.</u> (Last) <u>Domingo</u>	10. NATIONALITY <u>Phil.</u>
8. RELIGION <u>Cath.</u>	11. RELIGION <u>Cath.</u>

Father Mother

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important; if not applicable, fill Affidavit of Acknowledgment at the back)
Jan. 29, 1990 - Ormoc City

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 8:05 o'clock am/p.m. on the date stated above.
 Signature Cecilia Santos Address Pasig, M.M.
 Name in print CECILIA SANTOS Date 6-29-92
 Title or position Midwife

14. INFORMANT

 Signature Rolando Domingo Address San Mateo Manggahan, Pasig
 Name in print ROLANDO DOMINGO Date 6-29-92
 Relationship to child Father

15a. PREPARED BY

 Signature Cecilia Santos Address Pasig, M.M.
 Name in print CECILIA SANTOS Date 6-29-92
 Title or position Midwife

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

 Signature Julie B. Javier
 Name in print JULIE B. JAVIER
 Title or position CIVIL REGISTRAR Date 6-29-92

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out of the Office of the Local Civil Registrar)

I HEREBY CERTIFY that this is a faithful reproduction of the original

Local Civil Registry No. 95277247 Registration Status 15
 PROVINCE Pasig
 CITY/MUNICIPALITY PRECIOUS DOMINGO

RESERVE FOR BINDING	CHILD	17. Weight at Birth (in grams) <u>3940</u>	18. Birth Order of Child (x first, second, etc.) <u>Second</u>
		19a. Total Number of Children Born Alive <u>22</u>	19b. How many children are now living including this birth <u>20</u>
		20. Usual Occupation <u>Employee</u>	21. Age of the time of this Birth <u>28</u>
		22. Usual Residence (Barangay) <u>626 Languzon St. T. Bayan Manggahan, Pasig, M.M.</u>	23. Usual Occupation <u>Employee</u>
		24. Age at the time of this Birth <u>28</u>	25. Attendant at Birth (Place 'X' on appropriate answer) <u>1</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Other <u>5</u> Others

 Sex Male Date of Birth 26/06/92 Place of Birth Pasig Nationality Phil.
 NAME OF CHILD PRECIOUS DOMINGO
 First PRECIOUS M.I. DOMINGO

04524-10-402RAT-00016-BI002

BEST POSSIBLE IMAGE



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PH600443938

BRen
07403-A92MS07-2Documentary
Stamp Tax Paid
 Carmelita N. ERICTA
 Administrator and Civil Registrar General
 National Statistics Office